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PTO/SB/06 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yalid OMB control number ir Docker Norther C PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) FEE (\$) RATE (\$) BASIC FEE N/A N/A N/A (37 CFR 1.16(a), (b), or (c)) SEARCH FEE N/A N/A N/A N/A (37 CFR 1.16(k), (l), or (m)) **EXAMINATION FEE** N/A N/A N/A N/A (37 CFR 1.16(o), (p), or (q)) **TOTAL CLAIMS** (37 CFR 1.16(i)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) N/A N/A \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) AMENDMENT ADDI-RATE (\$) ADDI-**PREVIOUSLY EXTRA AFTER** TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (\$) Total Minus (37 CFR 1.16(i)) OR Independent (37 CFR 1.16(h)) Minus х OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OR N/A N/A TOTAL TOTAL ADD'L FEF OR (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS **PRESENT** RATE (\$) ADDI-RATE (\$) REMAINING NUMBER ADDI-**PREVIOUSLY EXTRA** TIONAL TIONAL **AFTER** ENDMENT AMENDMENT PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.16(i)) Minus = OR = Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) N/A OR N/A TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

| Effective November 10, 1998  ### PATENT APPLICATION FEE DETERMINATION RECORD  ### PATENT APPLICATION FEE DETERMINATION FEE |  |   |                      |   |                  |             |                 |                        |      |                     |                           |  |
|---|--|---|----------------------|---|------------------|-------------|-----------------|------------------------|------|---------------------|---------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                      |   |                  |             |                 | ENTITY                 | OR.  | OTHER<br>SMALL      |                           |  |
| FO  | R  | NUMB                                      | R FILED NUMBER EXTRA |   | R/               | TE          | FEE             |                        | RATE | FEE                 |                           |  |
| BA  | SIC FEE  |   |                      |   |                  |             |                 | 380.00                 | OR   |                     | 760.00                    |  |
| TO  | TAL CLAIMS   | 1 /                                       | minus 2              | 20= *                                       |                  |             | 9=              |                        | OR   | X\$18=              |                           |  |
| IND   | EPENDENT CL  | UMS                                       | minus:               | 3 = * /                                     | X                | 39 <b>=</b> |                 | OR                     | X78= | 18.00               |                           |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                      |   |                  |             | 30=             |                        | OR   | +260=               |                           |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                      |   |                  |             | TAL             |                        | OR   | TOTAL               | 38.00                     |  |
| 11-23-Chaims as amended - Part II (Column 1) (Column 2) (Column 3)  |  |   |                      |   |                  |             | ALL             | ENTITY                 | OR   | OTHER<br>SMALL      |                           |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 3                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | R/          | ATE.            | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE    |  |
|   | Total  | . 20                                      | Minus                | * 20  | <b>-</b> 🛇       | X           | 9=              |                        | OR   | X\$18=              |                           |  |
|   | Independent  | * 5                                       | Minus                | *** 4                                       | - 1              | X           | 39=             |                        | OR   | -X78=               | 84.00                     |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                      |   |                  |             | 30=             |                        | OR   | +260=               |                           |  |
| 07-09-02  |  |   |                      |   |                  |             | TOTAL<br>T. FEE |                        | OR   | TOTAL<br>ADDIT. FEE |                           |  |
|   | ,  | (Column 1)                                | 1000                 | (Column 2)                                  | (Column 3)       |             |                 |                        |      |                     |                           |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                      | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | P.          | ATE.            | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>of FEE |  |
|   | Total  | •21                                       | Minus                | ** 20                                       | =/               | X           | 9=              |                        | OR   | X\$18=              | 4/8,00                    |  |
|   | Independent  | * 5                                       | Minus                | *** 5                                       | 90               | X           | 39=             |                        | OR   | X78=                |                           |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                      |   |                  |             | 30=             |                        | OR   | +260=               |                           |  |
|   | 01-28-   | (Column 1)                                |                      | (Column 2)                                  | (Column 3)       |             | TOTAL<br>T. FEE |                        | OR   | TOTAL<br>ADDIT. FEE | \$18.00                   |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | R/          | ATE             | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>A FEE  |  |
|   | Total  | ·25                                       | Minus                | # 21  | -4               | X           | 9=              |                        | OR   | X\$18=              | 72                        |  |
|   | Independent  | • 7                                       | Minus                | *** 5                                       | - 2              | X           | 39=             |                        | OR   | XIII-               | #172                      |  |
| F   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                      |   |                  | +1          | 30=             |                        | OR   | +260=               |                           |  |
| **  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                      |   |                  |             |                 |                        |      |                     |                           |  |
| L   |  |   |                      |   |                  |             |                 |                        |      |                     |                           |  |

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